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SMOKELESS, TOBACCO' Old-Time Habit, Big-Time Concerns About Health Risks for Youth

In the early 1900s use of smokeless tobacco became socially unacceptable — even outlawed in some areas — when it was suspected that widespread practices of spitting tobacco onto floors and into cuspidors could contribute to the spread of tuberculosis. Spurred by advances in cigarette production and cheaper prices, cigarette smoking soon eclipsed the smokeless tobacco habit. Trends, however, may be changing.

In recent years, the attention paid to the hazards of cigarette smoking has made smokeless tobacco *seem* relatively harmless. It is not. Smokeless tobacco causes gum disease and cancer of the mouth, pharynx, esophagus, and pancreas, and may also increase the risk of death from cardiovascular disease. Swallowed tobacco juice contributes to an increase in stomach and throat cancer. Animal studies have suggested that cancer-causing agents in smokeless tobacco can also cause lung cancer.

Nicotine from smokeless tobacco is absorbed rapidly through oral tissues about five minutes after placement in comparison to 10 minutes for cigarettes. Smokeless tobacco also contains large amounts of nicotine. A one tin-per-day user is receiving up to four times the daily nicotine dose of a pack-a-day smoker.

According to results of the 1988–1995 Washington State Behavioral Risk Factor Surveillance System (BRFSS), a telephone survey of adult residents age 18 years and older, current use of smokeless tobacco ranged from 5–6% among men and less than 1% among women. The survey also showed that persons with fewer years of formal education were more likely to use smokeless tobacco than were other persons.

Continued page 2

Flu Season Is Upon Us: Who Should be Vaccinated?

The Advisory Committee on Immunization Practices recommends influenza vaccination yearly for persons in the following categories: age 65 or older, residents of long-term care facilities, persons with chronic medical conditions or immune suppression, health care workers, and those with frequent contact with others who are at risk for influenza-related complications. Influenza vaccination may be considered for pregnant women who will be in the third trimester during the influenza season and for others who want to reduce the likelihood of illness. International travelers planning to visit areas where influenza is occurring should consider vaccine.

The Department of Health has included influenza vaccine as part of the state's childhood vaccine distribution program. Children and teenagers under the age of 19 who are in a high-risk category may receive state-supplied vaccine. Please contact your local health department for information.

In Washington State, influenza vaccine is generally given during October and November. While it is never too late to receive vaccine, once the influenza season has started, the longer the delay before vaccination, the greater the likelihood of developing influenza. Vaccine for the 1998–1999 season contains the following strains: A/Sydney/5/97 (H3N2)-like, A/Beijing/262/95 (H1N1)-like, and B/Beijing/184/93-like.

In conjunction with the Centers for Disease Control and Prevention and local health departments, Phyllis Shoemaker, state influenza coordinator for the Department of

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Smokeless Tobacco *(from page 1)*

Youth Ignoring the Health Risk

Although adult use of smokeless tobacco has been low, many youths are using smokeless tobacco products. The 1995 Washington State Adolescent Health Survey indicated that by eighth grade, 16% of boys and 7% of girls reported some use of smokeless tobacco within the past 30 days; by tenth grade, 22% of boys and 8% of girls reported such use, and by twelfth grade, 28% of boys and 8% of girls reported using smokeless tobacco products within the past 30 days.

Reported use of *both* cigarettes and smokeless tobacco was not uncommon in the 1995 survey. Among all students (grades 8, 10, and 12) who reported using any tobacco within the past 30 days, 45% reported they only smoked cigarettes, 21% reported using only smokeless tobacco, but 34% reported using both cigarettes and smokeless tobacco. Boys were more likely than girls to use smokeless tobacco either alone or in combination with cigarettes (Table 1).

Apparently, many youth do not consider smokeless tobacco to be a health risk. According to the National Institutes of Health 1997 "Monitoring the Future" survey, regular cigarette smoking is perceived as being a "great risk" by 69% of high school seniors, 60% of tenth graders, and 53% of eighth graders. In contrast, 39% of seniors, 42% of tenth graders and 35% of eighth graders perceived regular use of smokeless tobacco as a "great risk."

The relative ease with which a young person may hide his or her use of smokeless tobacco may have led to an underestimation of its use among youth and may enable them to support a physical addiction to nicotine during times when they are unable to smoke. Health educators providing education about tobacco use should include information on smokeless tobacco, not just cigarette use, and health care providers should take care to screen for all tobacco use during their interactions with both male and female patients.

For more information, please contact Lisa LaFond, the tobacco prevention specialist with the Department of Health, 360-236-3634. ◆

TABLE 1: Type of tobacco product used by students in grades 8, 10, and 12 who reported tobacco use, Washington State Adolescent Health Behavior Survey, 1995.

Type of Tobacco	Percent Using Boys	Girls	Total
Smokeless only	31	8	21
Cigarettes only	26	68	45
Smokeless & cigarettes	42	25	34

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Abandon the Paper Trail for the Electronic Highway!

An *epiTRENDS* budget reduction requires us to trim printing and postage costs for our mailing list of more than 11,000 readers. Thus, we urge readers to access the bulletin through the department's web site at: **http://www.doh.wa.gov.**

Readers who can access the Internet would receive a monthly e-mail announcement of the bulletin's contents and Internet address. If you are willing to obtain *epiTRENDS* electronically, please send an e-mail note to Candy Holstine at cmh0303@doh.wa.gov. Include your name, organization, address, telephone number, and e-mail address.

Thank you for your help. With your support we can continue to provide you with timely, valuable information on health issues and public health practice in Washington.

✘ Help for Quitting

The National Cancer Institute is sponsoring the Northwest Smokeless Tobacco Project for smokeless tobacco users who want to quit. Participants receive free information materials and are asked to complete research questionnaires. The materials reflect more than a decade of research experience and include a 60-page booklet that guides smokeless tobacco users through a step-by-step quitting process. For more information, call 1-800-574-7111.

Proposed Changes in Notifiable Conditions:

Update on Birth Defects

Birth defects occur in approximately 2.6% of live births in Washington State. Nationally, this figure ranges from 2–4%. Birth defects are the leading cause of infant mortality, accounting for 20–30% of infant deaths, and are a major cause of childhood disability. Children with birth defects often require costly health care services, which may include hospitalization, surgical repair, nutrition services, and long-term physical, occupational or speech therapy, depending upon the severity and type of defect. These children also use many social, community, and educational services.

Advances in science and technology, however, are contributing to the prevention of birth defects and secondary disabilities. Accurate data are necessary to plan and implement services for children with birth defects, to implement and evaluate prevention strategies, and to educate the public, policy makers, and others about birth defects prevalence, prevention efficacy, and trends. *Continued page 4*

Monthly Surveillance Data by County

August 1998* – Washington State Department of Health

County	E. coli O157:H7	Salmonella	Shigella	Hepatitis A	Hepatitis B	Non-A, Non-B Hepatitis	Meningococcal Disease	Pertussis	Tuberculosis	Chlamydia	Gonorrhea	AIDS	Pesticides†	Lead§#
Adams	0	0	0	0	0	0	0	0	0	2	0	0	0	1/#
Asotin	0	0	0	0	0	0	0	0	0	7	0	0	0	0/0
Benton	2	2	0	0	0	0	0	0	0	23	0	1	5	0/14
Chelan	1	0	0	0	0	0	0	0	0	9	0	0	4	2/10
Clallam	0	0	0	0	0	0	0	0	0	3	0	1	0	0/0
Clark	1	2	0	0	0	0	0	2	3	35	5	4	2	0/#
Columbia	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Cowlitz	0	1	0	2	0	1	0	1	0	5	0	0	1	0/26
Douglas	0	0	0	0	0	0	0	0	0	3	0	0	0	0/0
Ferry	0	0	0	0	0	0	0	0	0	0	0	1	0	0/0
Franklin	0	1	0	0	0	0	0	0	0	14	0	0	3	1/#
Garfield	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Grant	0	1	0	1	0	0	0	0	1	6	0	0	5	0/0
Grays Harbor	0	2	1	0	0	0	0	0	2	4	0	0	3	0/#
Island	0	1	0	0	0	0	0	0	0	15	5	0	0	0/#
Jefferson	0	0	0	0	0	0	0	0	0	0	1	0	0	0/0
King	1	22	3	16	2	0	0	26	10	289	74	4	5	1/25
Kitsap	0	1	0	1	0	0	0	0	1	19	4	0	0	0/16
Kittitas	0	0	0	0	0	0	0	0	0	3	0	0	0	0/0
Klickitat	0	0	0	0	0	0	0	0	0	2	0	0	0	0/0
Lewis	1	0	0	0	0	0	0	0	0	12	1	0	0	0/#
Lincoln	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Mason	0	0	0	0	0	0	0	0	0	3	0	0	0	0/#
Okanogan	0	1	0	0	0	0	0	0	0	2	0	0	6	0/0
Pacific	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Pend Oreille	0	0	0	0	0	0	0	0	0	1	0	0	0	0/0
Pierce	0	4	2	8	0	0	1	4	4	142	30	2	3	0/82
San Juan	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Skagit	2	0	0	0	0	0	0	1	0	9	1	0	3	0/0
Skamania	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Snohomish	3	3	2	1	0	1	0	2	1	71	12	2	2	0/#
Spokane	0	6	1	67	2	0	1	0	3	47	10	0	4	0/6
Stevens	0	0	0	0	0	0	0	0	0	5	0	0	0	0/#
Thurston	0	0	1	0	0	0	1	0	0	20	4	0	4	0/2
Wahkiakum	0	0	0	0	0	0	0	0	0	0	0	0	0	0/0
Walla Walla	0	1	0	0	0	0	0	0	0	12	0	0	1	1/5
Whatcom	0	0	2	1	0	0	0	1	0	7	1	0	1	0/#
Whitman	0	0	0	0	0	0	0	0	0	4	0	0	1	0/#
Yakima	2	3	5	0	3	0	0	0	2	49	2	1	19	0/#
Unknown														1/11
Current Month	13	51	17	97	7	2	3	37	27	824	150	16	72	6/223
August 1997	20	74	63	54	4	2	10	35	32	596	122	24	67	3/208
1998 to date	42	292	86	743	65	13	51	222	173	7259	1248	277	344	89/2281
1997 to date	53	389	182	368	52	20	66	251	214	6015	1257	412	288	104/2944

* Data are provisional based on reports received as of August 31, unless otherwise noted.

† Unconfirmed reports of illness associated with pesticide exposure.

§# Number of elevated tests (data include unconfirmed reports) / total tests performed (not number of children tested); number of tests per county indicates county of health care provider, not county of residence for children tested; # means fewer than 5 tests performed, number omitted for confidentiality reasons.

WWW Access Tips

For information on influenza, visit the Web site of the Centers for Disease Control and Prevention at http://www.cdc.gov/ncidod/disease/flu/weekly.htm

Questions? Comments?
If you have a question about epidemiologic or public health issues, contact the editors at the address on the mailing panel or by email at function@u.washington.edu

Birth Defects *(from page 2)*

Over the last 18 months, the Department of Health (DOH), in collaboration with other agencies and organizations, reviewed statewide birth defects surveillance. Two key recommendations are to decrease the reporting requirements from all birth defects to only 11 and to consolidate surveillance from specific birth defect state regulatory and administrative codes to the notifiable conditions reporting regulation. This latter change will include birth defects with other DOH surveillance activities and thus promote both periodic reviews of surveillance needs and sharing of information for public health programs.

The 11 conditions recommended for surveillance include anencephaly, spina bifida, cleft lip with/without cleft palate, cleft palate, limb reduction defects, second- or third-degree hypospadias, gastroschisis, omphalocele, Down syndrome, fetal alcohol syndrome, and cerebral palsy. Criteria for selection included the potential for primary, secondary, or tertiary prevention, high prevalence, and/or increasing prevalence. Focusing surveillance on selected conditions will improve the quality of reporting and evaluation of prevention initiatives. To help support these efforts, DOH recently applied for a Birth Defects Surveillance Enhancement grant from the Centers for Disease Control and Prevention.

If the new proposal is adopted, hospitals and birthing facilities will continue to report birth defect cases to DOH. The department will routinely share information with local health jurisdictions.

For questions about birth defects reporting, call Civillia Winslow Hill at 360-236-3518. For questions about revisions to the notifiable conditions regulations, call Greg Smith at 360-236-3704.

Influenza *(from page 1)*

Health (206-361-2830), conducts statewide influenza surveillance from October 1 through May of the following year. For information on influenza activity, or clinics that administer vaccine in your county, contact your local health department or health care provider after October 1.

The American Lung Association of Washington maintains a list of names and phone numbers of providers offering convenient walk-in flu shot locations this fall. Call the Lung Association hotline after October 1 at 206-441-5100 in the greater Seattle area, or 1-800-lung-USA if outside Seattle. For national influenza updates contact the CDC Hotline (404) 332-4555 or visit the CDC Web site (see Access Tips).

Conferences, Courses & Meetings

Oct. 5–7
Yakima

Public Vision and Personal Responsibility: Collective Action for Health
The Fifth Annual Joint Conference on Health — Program information is available on the Web site of the Washington State Public Health Association at: http://www.business-link.com/wspha, or call Kay DeRoos at 206-362-4728.

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Kris Van Gorkom
Deputy Secretary

Maxine Hayes, MD, MPH
Acting State Health Officer

Juliet Van Eenwyk, PhD, MS
Acting State Epidemiologist

Sandra L. Marvinney, BA
Managing Editor

Marcia J. Goldoft, MD, MPH
Scientific Editor

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*epi*TRENDS
P.O. Box 47812
Olympia, WA 98504-7812

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